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CONFIRMATION NO. 2800



Bib Data Sheet

SERIAL NUMBER 09/551,889	FILING DATE 04/19/2000 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. 07452-046001
APPLICANTS Richard G. C. Williams, San Diego, CA;				
** CONTINUING DATA ***** <i>RMB NONE</i>				
** FOREIGN APPLICATIONS ***** <i>RMB NONE</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/22/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 19
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS 20306				
TITLE Method of differential encoding a precoded multiple modulus encoder				
FILING FEE RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/551,889		FILING DATE 04/19/2000	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. 07452-046001
APPLICANTS Richard G. C. Williams, San Diego, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/22/2000					
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Allowance <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after <input type="checkbox"/> no <input type="checkbox"/> yes Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>					
ADDRESS 20985 TITLE Method of differential encoding a precoded multiple modulus encoder					
FILING FEE RECEIVED 898 FEES: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT No. _____ for following: <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____					

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